ISSUE SLIP STAPLE AREA (for additional cross reDEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|--|----------|-----------------|---------|
| FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW | THE COL | 37 253 88 | 05-30-q |

INDEX OF CLAIMS

| Rejected | N | Non-elected |
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| Allowed (Through numeral) Canceled | | Appeal |
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| Obstant | Date | Cla | im | Date | Claim | Date |
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If more than 150 claims or 10 actions staple additional sheet here